



Washington State Department of

Health

Health Professions Quality Assurance
 Nursing Commission
 P.O. Box 47864
 Olympia, WA 98504-47864

Verification of Licensure

From U.S. State of Original Licensure

Please complete the top portion of this form and forward to your original state of licensure.
 (Please contact your original state of licensure for fee charged and processing time.)

Check One Box: <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse			
NAME	LAST	FIRST	
PREVIOUS LAST NAMES USED		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 2.23 RCW)	
CURRENT MAILING ADDRESS			
CITY	STATE	ZIP	
NAME AS IT APPEARS ON ORIGINAL LICENSE	ORIGINAL STATE OF LICENSURE	CURRENT STATE OF LICENSURE	
<p>I hereby authorize the release of my licensure data to the Washington State Nursing Commission.</p> <p>Signature _____ Date _____</p>			
<p>This portion to be completed by original state of licensure and mailed to: <i>Washington State Nursing Commission, PO Box 47864, Olympia, Washington 98504-7864.</i></p> <p>This is to certify that _____ was issued license number _____ on _____ to practice <input type="checkbox"/> registered nursing <input type="checkbox"/> licensed practical nursing (vocational nursing).</p>			
<p>Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input type="checkbox"/> Other (specify) _____</p>			
<p>Current Licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed</p>		EXPIRATION DATE	
<p>Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)</p>			
<p>Disciplinary action pending? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach explanation)</p>			
<p>Nursing Education Program Completed:</p>			
<p>Location (City & State):</p>			
<p>Type of Nursing Program: <input type="checkbox"/> Diploma <input type="checkbox"/> BSN <input type="checkbox"/> ADN <input type="checkbox"/> LPN <input type="checkbox"/> Other (specify) _____</p>		DATE OF COMPLETION	
<p>Examination Scores: State Board Test Pool Exam</p>			
	Score	Series	NCLEX:
	Medical	_____	RN _____ Series _____
	Psychiatric	_____	LPN _____ Series _____
	Obstetric	_____	
	Surgical	_____	
	Nursing of Child	_____	
NCLEX CAT:			
RN _____ Date _____ LPN _____ Date _____			
SIGNATURE		STATE	
		DATE	

State Boards of Nursing

Alabama	334-242-4060	Missouri	573-751-0068
Alaska	907-269-8161	Montana	406-841-2340
Arizona	602-331-8111	406-841-2345
Arkansas	501-686-2700	Nebraska	402-471-0317
California	916-322-3350	Nevada	Reno 702-786-3135
.....	LPN 916-263-7800	Las Vegas 702-739-5968
Colorado	303-894-2430	New Hampshire	603-271-2323
Connecticut	860-509-7624	New Jersey	973-504-6493
.....	860-509-7607	New Mexico	505-841-8340
Delaware	302-739-4522	505-841-8345
District of Columbia	202-727-7468	New York	518-474-3845
Florida	850-488-0595	North Carolina	919-782-3211
Georgia	RN 478-204-1640	North Dakota	701-328-9777
.....	LPN 478-204-1620	Ohio	614-466-7834
Hawaii	808-586-2695	Oklahoma	405-962-1820
Idaho	208-334-3110	Oregon	503-731-4745
Illinois	312-814-5859	Pennsylvania	717-783-7142
Indiana	317-233-4409	Rhode Island	401-277-2827
Iowa	515-281-3255	South Carolina	803-896-4550
Kansas	786-296-2453	South Dakota	605-362-2765
Kentucky	502-329-7000	Tennessee	615-532-9839
Louisiana	504-838-5396	Texas	512-305-7400
Maine	207-287-1133 x 33	Utah	801-828-3180
Maryland	410-585-1900	Vermont	802-828-3180
Massachusetts	617-727-1631	Virginia	804-662-9909
Michigan	517-373-0930	West Virginia	304-558-3596
Minnesota	612-617-2270	Wisconsin	608-266-2112
Mississippi	601-359-6208	Wyoming	307-777-7121